COMPREHENSIVE CITY INTERVENTIONS*

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FROM THE AGES OF FOUR TO 14 my father took me to every corner of New York. We saw the neighborhoods, businesses, parks, museums, and streets. He took me on the buses, trolleys, and subways. We walked the beaches, saw farms in Queens, the Bronx, and Staten Island. We climbed skyscrapers and talked to people.

This education, above and beyond school, made me love the city and its people. It permitted me years later to study the city and test my findings against data others had collected. My attempt was to see the city as a whole. Most data are fragmented and remain unused in agencies, foundations, schools, and libraries. My New York training taught me how to case the joint.[1]

Over the years my interests in health and cities have become more and more intense. I replicated on lesser scales my walks in cities throughout the world. However interested in urban issues and public health, I have remained a clinician. I still see patients regularly. My comments about housing and a comprehensive approach to dealing with it will be clinical. I am not an academic at heart.

HISTORY

At this point it is worth noting a little history. Both public health and city planning were once the same. We can go back to Chadwick cleaning out the city of London with the creation of a sewer system in the mid-1800s. Or we can look at the American origins. They have the same roots.

More important, though, is that the earliest planning of cities were based upon religious considerations, where health was a central concern. Whether Jew, Moslem, or Buddhist, the social and physical environment, the rules of

*Presented as part of a *Workshop on Housing and Health: Interrelationship and Community Impact* held by the Committee on Public Health of the New York Academy of Medicine November 17 and 18, 1989.

communal behavior, and the lives of people intertwine with health considerations. Elsewhere I have shown that these religious rules were specific. Space, noise, privacy, and cleanliness were interwoven with religious belief and social planning.[2]

Since public health was originally a police function, it was primarily based upon concerns with public safety or health. If a problem arose from either public safety or health, actions could be taken to control social behavior. The origins of public housing, with Jacob Riis in New York and the evolution of building codes, came from health studies.

Epidemiological studies lead to sewers. Sewers increasingly controlled development. Standards of housing, created by C.E.A. Winslow, determined that health needs of living required certain spatial arrangements.

Though the two professions were close in the early 20th century, they gradually separated. Architecture began to dominate housing construction and city design. Physical design, though giving a nod to human needs, tended to ignore them. More recently, economic considerations and the rights of private property dominate city planning actions. It is not difficult to see how money created buildings for business and symbols, and stayed away from needs where there was no apparent economic return. Even more so, some segments of society were ignored and considered superfluous. The direct result of this has been a continued fragmentation of responsibility and concern. Large segments of the so called superfluous people, where there was little economic benefit, were unserved. Even research has become so fragmented that health has had little consideration in housing or planning.

A prognostication is in order, however. With the increase in concern with environmental issues, the importance of health concerns escalates. This is reflected in court actions on all levels. It has not yet led to an increase in research, knowledge, and common action by the various separate groups concerned. City planners now are abominably ignorant of health issues. Public health has only a fragmented concern with planning and housing issues. The superfluous are not considered part of the whole community.

HOUSING

To many planners, housing is a set of boxes to put people in. We talk of units (or boxes) that meet the numbers in a family, numbers of people, and the amount of money available. Indeed, most conversation about solving housing issues is about money. Often and of late, money is disconnected from people's needs. We hear a focus on profit and greed. The press is full of it. HUD

became not the federal agency of cities, as we envisioned in the mid 60s, but a place of money and sad corruption. Large segments of society are underserved.

What is housing? For me it is a place that is the headquarters for life. It is the place where the family in all its many forms has a headquarters from which all other activities arise. It is where one spends most of one's life. Thus it is a site to sleep, eat, grow, love. It is the home of one's growth and development. For some it is where most of the activities from birth to death take place. It is the place for security and protection from the environment. It is the gathering center for families and friends. It is where we hide or can be free of outside constraints. It is a location for love and tenderness, health and illness.

What has happened is interesting. For many, housing has become boxes to store people. As communities broke up with increasing mobility, housing became a function separate from the rest of life. There was little room for extended families. Suburbia was created by the automobile, the desire for land, and new mortgages.

In the central city old neighborhoods were broken up in our infatuation with urban renewal. We removed blight and destroyed poor and ethnic communities. Major business interests replaced housing to meet needs that made it a low priority. What is known in the rest of the country as "Manhattanization" is the process of building offices and stores by destroying communities and most especially housing.

One cannot ignore Robert Moses[3] as one talks of New York and housing. His preoccupation with the infrastructure of the city and surrounds broke up urban communities. It encouraged suburban bedroom communities. It clogged ever new and bigger highways, and encouraged high rise apartment buildings. We at the same time cannot deny that Moses left us with parks, bridges, some housing, and an infrastructure. In many ways he is a symbol of all the urban renewal in the United States, which changed the community nature of the cities, overran the needs of the poor, and changed the pattern of housing.

I cannot leave Robert Moses without a story of my father on the upper Manhattan planning boldly confronting and fighting his man. There was a proposal to develop a band across northern Manhattan, from the Columbia Medical Center to the Harlem River. It seems the plan was to use the Medical Center's development to prevent the spread of blacks and Hispanics into Washington Heights. A major confrontation stirred up by my father stopped

the process. Sadly, colleagues in medicine used the so-called health needs of the city to keep the area white.

COMMUNITY

The sense of community that met the multiplicity of needs from "conception to resurrection" was gone. The new specialized and segregated (by interest, class and caste) communities lost their broad base within the city and suburbs. Housing was built, especially for the poor and suburbanites without, in many cases, stores and services. Housing truly became boxes for one piece of life.

Without doing a complete analysis, housing planning for rich and poor were disconnected from everything else. People were to come to center city, in New York City's case Manhattan, to work or play. Only the very rich and the childless can afford to live well. The middle class was exiled to the suburbs and the surrounding counties in New York.

Business as the prime[4] guiding goal for development redesigned the city, ignoring the people who made it. Housing is a secondary concern. One of my friends has shown that housing concerns are not part of transportation planning in this city. This has happened over and over again, as the separate functions of the city fragment even further.

With this phenomena has come crisis after crisis. No community means no real safety. No community means poverty and homelessness. It means suicide and accidents, alcoholism, drugs, and murder.

Being away from New York in the last many years I have only been able to watch it from a distance. I read the papers and magazines. I follow the books about major city actors. Books on Robert Moses and Lewis Mumford[5] give a background to my understanding. I am saddened by what has happened. Why, with all the excitation, wonder, and real life of parts of Manhattan has the city faced crisis after crisis on the human level?

I still return, and love the rush and excitement of the alive part of the city.[6] I see my friends, enjoy the museums and entertainment. I still walk some of the streets. But it is different.

This is not to say that New York didn't have ghettoes with problems. There was Hell's Kitchen and many more. There was the poverty that Jacob Riis and Lincoln Steffens saw at the turn of the century. The scale was then smaller. To its credit New York is not like Mexico City or Sao Paulo, Calcutta or Dacca, where the overwhelming quality of the environment is almost insoluble.

WHAT DOES ONE DO?

Let me first suggest a need for a concern with scale. It is time to decentralize. It is time for many functions to return to the boroughs and to even smaller neighborhoods. It is not just the function of schools, health, or housing that is local. It must include a multiplicity of functions. Many cities are breaking up many of their functions into well defined local areas where all services and activities have the same catchment area. It is bureaucratically difficult when social services, housing, health and business development have differently defined areas and are not coordinated.[7]

Doing this without a concern with the larger scene cannot work. Metropolitan issues need to be solved on that level. Many cities are creating active metro governments for certain functions. Water, sewage, transport, energy, and housing distribution may well be examples of metropolitan functions. In a city as large as New York, the most important areas may be parts of boroughs that have to be dealt with as a collection of neighborhoods making up a whole community.

Most important may be the creation of a cosmology for the city. I use this word because I want to differentiate it from a plan. In the early cities where religion created the cosmology, an overall set of accepted rules and processes was worked out. It was a way of living. It was a set of values that meet the needs of all segments of the population. Given the variety and conflict of values, cultures, beliefs, and expectations, there is a need for the creation of mechanisms that permits a governance of diversity.

Leadership becomes a process of self and community self study, participation, and education. No longer can we afford to come up with pat answers that worked elsewhere. We must avoid fads. There must be a specific response to the unique characteristics of the situation within the larger context. It is the awareness of moral, ethical, and value issues. We may have partially to divert our preoccupation with perceived wants and focus upon real unmet needs.

Recently, a study of health rationing in Oakland led, after much community and consultant self education, to a simple conclusion. There can be no rationing if the basic needs for medical care are completely unmet. Rather than a rationing system, a budget increase was recommended.

If the city is an organism[8], it cannot work with large segments of it living in desperation and blight. This means that we have to think of the whole every time we deal with any part. As physicians we recognize that a healthy person cannot long survive with a diseased organ. The health of the whole person or

community demands concern with its parts, which heretofore we have ignored.

We play games with ourselves not to see. We take the train from the suburb and close our eyes to Harlem. We see our home, the place we play and work. All else is foreign. We act as if we believe we can shut it out, or just see it on television. Indeed, we have so many problems, that each new viewing is no longer really seen. We are interested in ourselves and our own. This has to change.

Cities are complex organisms. New York is probably one of the most complex. I know no one who knows it all. And yet every time we act, we set in motion a set of unintended consequences that go beyond any of the dreams of the planners. Manhattan's downtown business city is an amazing center of finance, business, and myriad activities. As it has bred wealth, it gave birth to more and more poverty and homelessness. Each new development which gives a gain to some hurts others.

In recent years there have been attempts to stop the ongoing processes. "Buildings are too big." "They change our neighborhood!" "There is no light and air!" "The wind blows through the newly made canyons." "The streets are unsafe!" "There are no homes for the poor!" There are areas bombed out and almost unusable. On and on it goes.

It is easy to place blame. We blame people, greed, bad policies, and especially poor leaders. The bad health of the city and nation is easily blamed on the doctors and the medical system. Unfortunately, blaming any single figure, politician, or developer gives us only a moment of respite. We have to stop and understand what has gone wrong.

Poor health comes more and more from the social and physical environment. It is our job as health professionals to take our findings as flags that something is wrong in the larger world. Our job is to do what we do best and point the finger from what we learn. We then must work jointly with others for a common solution.

As a physician—and once I was labeled a "Psychiatrist For Sick Communities"—I must take my history and do a physical exam. I must go beyond simplistic diagnosis to find the underlying causes and processes that are at work.

Leadership is a similar process. No one likes to be unable to command the events that affects his life. People must be involved in any process of change. All issues are multi-factoral. When the West End of Boston was cleared in the 1950s to increase the tax base of the city, they destroyed a living urban community that happened to be physically deteriorated.[9]

The destruction of community has many costs. Jane Jacobs[10,11] points to lack of safety. There are dead parts of the city at certain times. In the West End, the population moves began an increased use of services. The costs of police, social services, emergency rooms, hospitals, and more increased. Families broken by a variety of factors no longer could take care of their own. The tax rate went up with the new Charles Street development. The costs went elsewhere.

No one kept combined books. It was a separate cost accounting system. Why have costs gone up? They go up for many reasons, one of which is the destruction of family and community. Another is that what was done as a volunteer or for charity now has a price attached. Profit rather than care has become the bottom line of programs.

The loss of community along with opportunity for all people to have meaningful lives has been costly. There are no jobs in some areas. People need money. It is one of the nutrients of life. If there is no one making money, making money from drugs is an easy out. Look at the farmers in Bolivia, Afghanistan, and elsewhere who make more money from drug crops than from subsistence farming. I remember a drug dealer in Oakland who said he was in the income transfer business. Drugs were the way to get money into his community.

Thus, housing is not a box for people to live in. It is part of a community. In a recent issue of the *New York Times* someone complained that each new building is an architectural gem and center of the world. There is no sense of a community of buildings. Housing is not just physical design. It is part of a social process, where houses are related to transporation, jobs, culture, education. I have seen too many housing developments in the United States and worldwide that are blocks of boxes of different heights, built without stores, schools, and in a few cases without water, sewage, or good roads.

SOCIAL INFRASTRUCTURES

We have fragmented cities where we all live in the same space, but not together. There is no community. A community is held together both by physical and social infrastructures. The physical infrastructure consists of buildings, roads, transport, and communication,[12] water, sewage, air, and light.

The social infrastructure is the cosmology that holds people together. It is the culture, the rules, the values, and the goals of people. In our fragmented cities we have no governance that can deal with the diverse populations of our modern urban areas. I ask my students a question:

> San Francisco is a city of over 26 Asian population groups, 16 or more Hispanics, blacks, whites of various nationalities. They each bring with them values and health systems which are not part of our American world. How can one design a health system to meet the diversity of medical and health needs?

We all fail at this. We do not know how to run diversity within families. The Mayor of Milan suggested that I was interested in doing family therapy for cities. I am not a therapist with such grandiose goals for myself. But he is correct; it is important to bring together all the "family" and see what the multiple goals are. Are they really different? Is there room for compromise? How do the weakest members have a voice in decision making? That is how families are put back together. You cannot blame one person. It is the system that is not working.

HEALTHY CITIES

I would like to turn to Healthy Cities as a concept which can aid us in finding a solution. This is not a medical but a broad health and community solution. We are but part of something larger than medicine.[13]

The program of WHO in Healthy Cities began in Toronto, when, at a conference called "Beyond Health Care," it became clear that one had to involve the total community in health endeavors. At that conference the emphasis was on all the ways health could be improved other than by medical care. Housing, transportation, jobs, agriculture, governance, and other concerns were discussed by a diverse group of non-health and health experts.

At that meeting I presented the concept that a healthy city is like an organism that requires many things to make it work. The arguments which I have used here, among others, were made. Within weeks WHO called me to Copenhagen, and Healthy Cities became one of their prime programs. It has now spread throughout Canada, Australia, and New Zealand, as well as Eastern and Western Europe. The Surgeon General has announced a program for the United States, through the National Civic League. The Kellogg Foundation is supporting a program in Indiana. The State Health Department has begun the program in California.

Simply put, what is it? Healthy Cities is a process in which the diverse fragments of a city focus on their contributions to health. To do so, we must understand the trade offs necessary. The goal is a win-win situation where health and non-health issues are dealt with.

In a fragmented city, issues such as children or health can focus interest on improving the quality of the environment. The important question in any community is that each segment has its own goals, values, and priorities. A

mechanism must be created in which the various views can come up with a common language of discussion. It is a place where win-win replaces win-lose. It requires recognition that the community is a whole and not a collection of unrelated piecemeal parts. It requires understanding that any issue can affect all others.

Cities that work have a common vision that holds separate visions as part of it. It therefore can call upon its history, traditions, and culture to create a language of dialogue. It is a set of rules, a process that permits the working out of differences. The governance of diversity is its most important goal.

Each Healthy City project is different. None is a model for the others. The only model is the gathering around the same gameboard rather than separate ones. It is awareness that health comes in may forms. The social environment is as important as the physical. The educating atmosphere of the community is as important as the schools. The housing as part of a community educates, treats, cures, or makes ill vast numbers of people.

The real challenge in any community is creation of healthy public policy,[14] by which we mean policies in widely related areas that improve the health of people. How, for example, does a no smoking policy improve health? This is obvious, but there are more complex issues to pursue. For example, the effect of transportation on healthy development and the treatment of illness. What is the effect of taxation policy? Are there issues of sweat equity and tenant control of housing projects? Should all communities be multifunctional 24 hour communities?

Nancy Mileo[15] has been a leader in this area. Recently the WHO has made healthy public policy one of its central priorities.[16] The key issue is that medical care or even preventive medicine is inadequate to protect the health of individuals or the community. This is the new public health.

SOCIAL ENTREPRENEURSHIP

I have come back to the question of leadership several times. Many kinds of leaders are needed. On one hand there is the educator leader whose role is to help the varied communities learn about itself, mediate their differences, and come forth with answers that people can live with. In the back of the leader's head is an understanding of complexity, interrelated systems, and unmet needs. Such leaders are needed on all levels of community: state, regional, metropolitan, city-wide, borough, area, and neighborhood. They also must find ways to work together.[17]

Another leader is the doer. Unlike the entrepreneur whose prime interest is profit and economic gain, the social entrepreneur has all the same skills with

different values. He has the ability to pull together programs, projects, and enterprises where the end product is the social good. This does not mean an absence of economic gain. It means a balanced concern for all needs that people have.[18]

Social entrepreneurs exist on all levels of society. As I travel through New York and elsewhere, people are doing things. Sadly, they are minimally reported in the media. It is easier to present crises, economic takeovers, rich and greedy personalities. I challenge the media to present these activities in the city on a regular basis. Why does not *The New York Times* have a page on good things happening in the city? Why not profile the little and big people doing good?[19]

Let me return to housing. There are many different ways to be entrepreneurial and deal with housing. The first issue is whether housing is an important issue. If so, why not find all the programs for housing in the city? Having done so, bring the health people into active participation. Use the leverage of health to gather on all levels people from every walk of life and raise questions about interrelationships.

I am reminded that the head of the Port of New York Authority said that they were in the housing business because of the many homeless using their facility. Why not bring housing, mass transport, and health together and seek common solutions? Why not take an idea from the pre-Thatcher London County Council and provide small amount of funds for any kind of social entrepreneurship that improves housing, health, and the quality of life of the city and its varied people?

Offer the knowledge we have and back up the concerns for the environment with data that lets us use health and safety to do city planning. Ask the universities into this partnership. Use students, professors, and their resources. Bring health and planning together. It is long since needed.

CONCLUSION

The challenge I leave is whether New York can pull together its diversity. Can it make use of its vast resources in people, things, and money to serve the broadest health needs of its people? Can the health professions get active in planning and replanning the city? I challenge planners to understand and to use health knowledge to do their jobs. I want to see the total city support the social entrepreneurs as they try new solutions.[20] Housing is an issue whose breadth can serve as a catalytic focus for health actions.

Rather than presenting you with a tight scientific document, I have been a story teller. Story telling has been the way of change for millennia. Its goal is

to let you know about the city, health, and housing from the viewpoint of one who has lived it. I would like to end with a quote from a former New York City mayor, Fiorello La Guardia, who in 1934 said:

> I think I know its potentialities.... It is the greatest, most daring experiment in social and political democracy.... Its capital of wealth and material resources, of humanity and spiritual resources, is such as no other great city has ever commanded. I shall not rest until my native city is first not only in population but in wholesome housing, not just commerce but also in public health; until it is not only out of debt but abounding in happiness.... What an opportunity lies before the new administration![21]

Or, in Rudolph Virchow's words, "Politics is medicine writ large."

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